

Family PACT Clinical Services and Pharmacy Benefit Update

Effective for dates of service on or after August 1, 2006, Family PACT (Planning, Access, Care and Treatment) is implementing diagnosis and procedure code changes. These changes are due to the 2005 and 2006 updates to the *International Classifications of Diseases, 9th Revision, Clinical Modification, 6th Edition* (ICD-9) codes; *Current Procedural Terminology – 4th Edition* (CPT-4) codes; changes to program benefits; and new restrictions for other services.

In addition, Family PACT is adding and deleting drugs from the Family PACT Pharmacy Formulary for dispensing at pharmacies and by clinicians. These changes will bring Family PACT more in line with Medi-Cal billing policies and procedures. Family PACT claims will no longer require paper attachments and therefore can be filed electronically, with the exception of sterilization services, which require the attachment of the *Consent Form* (PM 330).

The Family PACT Program has changed from using ranges of ICD-9 codes for secondary diagnoses for sexually transmitted infections (STIs) to short, specific lists that include codes for presenting symptoms and for exposure to infection. Providers should select from the ICD-9 codes published in the *2006 Provisional Clinical Services Benefits Grid* in this bulletin. Accurate ICD-9 secondary diagnosis coding is required for reimbursement of diagnostic tests performed onsite and by laboratories, and for reimbursement of miscellaneous drugs (Z7610) dispensed onsite.

The billing requirements for diagnosis and treatment of urinary tract infection (UTI) and cervical dysplasia, previously defined as concurrent core services, is changed to secondary core services. Providers are instructed to enter appropriate UTI and/or dysplasia diagnoses as secondary diagnosis codes, according to Medi-Cal billing and policy, in the appropriate area of the

- *HCFA 1500* claim form (Box 21) (for General Medicine and Obstetrics providers)
- *UB-92 Claim Form* (Boxes 68 through 75) (Clinics and Hospitals providers)
- *Pharmacy 30-1* claim form (Box 22) (Pharmacy providers)

Additionally, with the inclusion of the highly specific diagnoses codes for cervical abnormalities noted as follows, cytology report attachments are no longer required.

Additions

The following ICD-9 codes have been added to the Family PACT Program:

599.7, 604.90, 608.89, 615.0, 616.10, 616.50, 622.2, 788.1, 788.41, 789.09, 795.00, 795.01, 795.02, 795.03, 795.04, 795.05, 795.09 and V01.6.

An S-code primary diagnosis is required on all claims and a secondary diagnosis is required for reimbursement of certain diagnostic tests, procedures or drugs dispensed onsite. (See the *2006 Provisional Clinical Services Benefits Grid* for appropriate use of ICD-9 Secondary Diagnosis codes.)

The following drugs and strengths are added as Family PACT Pharmacy Formulary benefits:

- Azithromycin (500mg tablets)
- Butoconazole Nitrate (2 percent vaginal cream 5gm)
- Clindamycin (2 percent vaginal cream 5.8gm)
- Estradiol (0.5mg tablets)
- Estradiol (1mg tablets)
- Estradiol (2mg tablets)
- Podofilox (topical solution 0.5 percent)
- Tinidazole (250mg tablets)

Note: Restricted to a maximum quantity per dispensing of eight (8) tablets and a maximum of two (2) dispensings in any 30-day period by the same provider/any rendering.

(Continued on next page)

- Tinidazole (500mg tablets)

Note: Restricted to a maximum quantity per dispensing of four (4) tablets and a maximum of two (2) dispensings in any 30-day period by the same provider/any rendering.

CPT-4 code 56605 (biopsy of vulva or perineum, separate procedure; one lesion), 87255 (virus isolation; inoculation of embryonated eggs, or small animal, including identification by non-immunological method, other than by cytopathic effect), 87273 (herpes simplex virus type 2) and 93000 (electrocardiogram) have been added as benefits. (See the *2006 Provisional Services Benefits Grid* for appropriate use and restrictions.)

The table below shows the correct gender and diagnosis codes necessary for reimbursement for the new drugs listed above if dispensed onsite using HCPCS code Z7610:

Drug	Gender	Primary Diagnosis Code	Secondary Diagnosis ICD-9 Code	Additional Restrictions
Azithromycin 500mg tablets	Both	All except S60	091.0, 091.3, 092.9, 096, 097.1, 098.0, 098.12, 098.15, 098.6, 098.7, 099.40, 099.41, 099.52, 099.53, 604.90, 608.89, 616.0, 616.50, V01.6	None.
Butoconazole Nitrate 2% vaginal cream 5gm	Female	All except S60	112.1	None.
Clindamycin 2% vaginal cream 5.8gm	Female	All except S60	616.10	None.
Estradiol 0.5mg/1mg/2mg tablets	Female	S10, S20, S30 and S40	None	None.
Podofilox topical solution 0.5%	Both	All except S60	078.0, 078.10, 078.11	None.
Tinidazole 250mg tablets	Both	All except S60	131.01, 131.02, V01.6	Restricted to a maximum quantity per dispensing of eight (8) tablets and a maximum of two (2) dispensings in any 30-day period same provider/any rendering.
Tinidazole 500mg tablets	Both	All except S60	131.01, 131.02, V01.6	Restricted to a maximum quantity per dispensing of four (4) tablets and a maximum of two (2) dispensings in any 30-day period same provider/any rendering.

Note: Miscellaneous drugs for non-surgical procedures are billed with HCPCS code Z7610 under all primary diagnosis codes except S60 when dispensing onsite. Only hospital outpatient departments, emergency rooms, surgical clinics and community clinics may use this code. Additionally, providers must enter a correct secondary diagnosis ICD-9 code as noted in the table above, and document the name of the medication, the quantity dispensed and the provider's cost per unit in either the *Reserved For Local Use* field (Box 19) (General Medicine and Obstetrics providers), the *Remarks* area of the claim form (Clinics and Hospitals providers), or on an attachment. Pharmacies or clinics billing for drugs under a pharmacy license must use National Drug Codes (NDCs).

(Continued on next page)

Restrictions

The following CPT-4 codes are restricted to females ages 15 to 55 years of age: 00940, 57452, 57454, 57455, 57456, 57460, 57511, 87621, 88305 and 88307.

CPT-4 code 58100 is restricted to females 36 to 55 years of age with a diagnosis of 795.00 (atypical glandular cells) and females 40 to 55 years of age with a diagnosis of 795.09 (other abnormal Pap) presenting with certain other clinical findings. (See the “Secondary Diagnosis, Cervical Abnormalities” section of the *2006 Provisional Clinical Services Benefits Grid*.)

The following CPT-4 codes are now reimbursable to Non-Physician Medical Practitioners (NMPs): 11976, 56605, 57452, 57455, 57456, 57511, 58100, 58300 and 58301.

CPT-4 code 56605 is limited to females.

CPT-4 code 87205 is limited to males.

CPT-4 codes 87490 and 87590 are limited to reflex testing subsequent to a positive screening test result, and are only reimbursable with or after a paid claim for CPT-4 code 87800.

CPT-4 codes 87181 and 87184 are limited to reflex testing subsequent to a positive test result, and are only reimbursable with or after a paid claim for CPT-4 code 87086.

Urine screening laboratory tests previously available to all clients are now restricted. CPT-4 codes 81000 – 81003 (urine laboratory test), available as pre-operative screening tests for sterilization surgery, are reimbursed using primary diagnosis codes S701-2 (females) and S801-2 (males).

UTI services are reimbursed only for symptomatic females. A primary diagnosis S-code (except S601-2) and at least one of the secondary diagnosis ICD-9 codes are required when billing for diagnostic and treatment services. (See the “Secondary Diagnosis: Urinary Tract Infection [UTI]” section of the *2006 Provisional Clinical Services Benefits Grid*.)

CPT-4 codes 81005, 81015 and 87086 are reimbursed for UTI symptomatic females with a primary diagnosis code of S701-2 and one of the secondary diagnosis codes for UTI.

CPT-4 codes 81000 – 81003, 81005, 81015 and 87086 are reimbursed for symptomatic females with a primary diagnosis code of S101-2, S201-2, S301-2, S401-2 or S501-2 and a secondary diagnosis code for UTI.

CPT-4 codes 80061 and 80076 are limited to once per six months, per client, any provider. (See the *2006 Provisional Clinical Services Benefits Grid*.)

CPT-4 codes 82947 and 82951 are limited to one per year, per client, any provider. (See the *2006 Provisional Clinical Services Benefits Grid*.)

CPT-4 codes 85014 and 85018 are limited to females with an S401-2 or S701-2 diagnosis code.

CPT-4 code 85027 is limited to females with a diagnosis code of S701-2 and males with a diagnosis code of S801-2.

CPT-4 codes 87252, 87255 and 87273 are limited to evaluation of genital ulcers of unconfirmed etiology, and require a secondary diagnosis code of 616.50 for females or 608.89 for males.

CPT-4 code 93000 is limited to S701-2 when medically indicated for pre-operative evaluation of females with a pre-existing cardiovascular condition.

(Continued on next page)

Deletions and Replacements

The following prescription drugs are no longer Family PACT benefits:

- Amoxicillin/Clavulanate potassium tablets
- Conjugated Equine Estrogen tablets and capsules
- Diphenhydramine hydrochloride tablets and capsules
- Famciclovir tablets
- Valacyclovir HCl tablets

Primary diagnosis code S90 is discontinued for both male and female recipients. Consequently, the following CPT-4 codes are no longer benefits: 83001, 84144, 84146, 84443, 89320 and 89330.

The following CPT-4 codes are no longer benefits: 57500, 85004, 85007, 85008, 85032, 85049, 87110, 87164, 87166, 87207, 87270, 87274, 87285, 88150, 88152, 88153, 88154, 88166 and 89300.

The following ranges of secondary diagnosis codes have been replaced by specific ICD-9 codes. (See the *2006 Provisional Clinical Services Benefits Grid* for appropriate use of ICD-9 secondary diagnosis codes):

Chlamydia: Range 099.4-099.59 is replaced with 099.41, 099.52, 099.53, 099.40, 604.90, 616.0 and V01.6.

Gonorrhea: Range 098.0 – 098.89 is replaced with 098.0, 098.12, 098.15, 098.6, 098.7, 099.40, 616.0 and V01.6.

Herpes (genital only): Range 054.10 – 054.19 is replaced with 054.11, 054.12, 054.13, 608.89 and 616.50.

Pelvic Inflammatory Disease: Range 614.0 – 614.9 is replaced with 614.0, 614.2 and 615.0.

Syphilis: Range 091.0 – 097.9 is replaced with 091.0, 091.3, 092.9, 096, 097.1, 616.50, 608.89 and V01.6.

Vaginitis/Vaginal Discharge: Codes 131.00 and 131.09 are deleted.

Warts (genital): Range 078 – 078.19 is replaced with 078.0, 078.10 and 078.11.

(Continued on next page)

Family PACT Program 2006 Provisional Clinical Services Benefits Grid

The Family PACT Program 2006 *Provisional Clinical Services Benefits Grid* presents the benefits package codes for procedures, medications and contraceptive supplies effective for dates of service on or after August 1, 2006.

Primary Diagnosis: Family Planning Methods

Core Services						Complications Services (5)	
Diagnosis Codes	Description	Procedures	Laboratory	Supplies	Medications	Diag. Code	Description
S101	Oral contraception, patch, vaginal ring – Evaluation <u>prior</u> to method with or without initiation of method	Z5218 Collection and handling of blood specimen (when only service rendered)	• 80061 Lipid profile (1), (2) • 80076 LFTs (2) • 82465 Cholesterol	None	X7706 OCs X7728 Patch X7730 Vaginal Ring Z7610 Estradiol X7722 Levonorgestrel	S103	Vaso-vagal episode Allergic reaction to treatment for a secondary diagnosis
S102	Oral contraception, patch, vaginal ring – Maintain adherence and surveillance	Z5220 Collection and handling of blood specimen (when other services rendered) 76092 Screening Mammogram (6)	• 81025 Urine pregnancy test • 82947 Glucose (3) • 82951 2hr GTT (3)(4)		X1500 Spermicide, lubricant, M/F condom	S1031	Deep vein thrombosis
S201	Contraceptive injection – Evaluation <u>prior</u> to method with or without initiation of method	Z5218 Collection and handling of blood specimen (when only service rendered)	• 80076 LFTs (2) • 81025 Urine pregnancy test • 82947 Glucose (3) • 82951 2hr GTT (3)(4)	None	X6051 DMPA Z7610 Estradiol X7722 Levonorgestrel	S203	Vaso-vagal episode Allergic reaction to treatment for a secondary diagnosis
S202	Contraceptive injection – Maintain adherence and surveillance	Z5220 Collection and handling of blood specimen (when other services rendered) 76092 Screening Mammogram (6)			X1500 Spermicide, lubricant, M/F condom	S2031	Heavy vaginal bleeding

The following laboratory tests are for symptomatic or asymptomatic clients as clinically indicated based on individual client assessment. These tests are included under the primary diagnosis and do not require a secondary diagnosis code for reimbursement:

Core Screening Tests		Reflex Testing Based on a Positive Screening Test Result		Pap Smear Codes	
86592	VDRL, RPR	86781	TP-confirmatory test; if positive, 86593 is required	88141	Physician Interpretation of Pap
		86593	Syphilis test, quantitative	88142	LBC, manual screen
86701	HIV-I	86689	HIV confirmation	88143	LBC, manual screen and re-screen
86702	HIV-II	86689	HIV confirmation	88147	Smear, automated screen
86703	HIV-I and HIV-II single assay	86689	HIV confirmation	88148	Smear, automated screen, manual re-screen
87081	GC culture	-----	None	88164	Smear, Bethesda, manual screen
87491	Chlamydia NAAT	-----	None	88165	Smear, Bethesda, manual screen, re-screen
87591	GC NAAT	-----	None	88167	Smear, Bethesda, manual screen, computer re-screen
87800	Chlamydia +GC direct probe	87490	Chlamydia direct probe	88174	LBC, automated screen
		87590	GC direct probe	88175	LBC, automated screen, manual re-screen

For HPV tests, see Cervical Abnormalities

- (1) Only if elevated screening cholesterol or significant risk factors for cardiovascular disease.
- (2) Limited to one every six months per client.
- (3) Limited to one per year per client.
- (4) Only if history of abnormal fasting blood sugar screen.
- (5) Complications services (any Sxx.3 diagnosis code) require a TAR – see *Family PACT: Treatment Authorization Request (TAR)* section.
- (6) Screening mammography, females 40-55 years of age, one per year per client.

(Continued on next page)

Core Services						Complications Services (5)	
Diagnosis Codes	Description	Procedures	Laboratory	Supplies	Medications	Diag. Code	Description
S301	Contraceptive implant – Evaluation <u>prior</u> to method with or without initiation of method	11975 Insertion 11976 Removal 11977 Removal and insertion Z5218 Collection and handling of blood specimen (when only service rendered) Z5220 Collection and handling of blood specimen (when other services rendered) 76092 Screening Mammogram (6)	• 80076 LFTs (2) • 81025 Urine pregnancy test	11976ZM Removal supplies	Z7610 Estradiol X7722 Levonorgestrel X1500 Spermicide, lubricant, M/F condom	S303	Vaso-vagal episode Allergic reaction to treatment for a secondary diagnosis
S302	Contraceptive implant – Maintain adherence and surveillance (including removal and reinsertion)					S3031	Missing or deep capsule
						S3032	Insertion/removal site infection
						S3033	Insertion/removal site hematoma
						S3034	Capsule expulsion
						S3035	Heavy vaginal bleeding
S401 S402	IUC – Evaluation <u>prior</u> to method with or without initiation of method IUC – Maintain adherence and surveillance	58300 Insertion 58301 Removal Z5218 Collection and handling of blood specimen (when only service rendered) Z5220 Collection and handling of blood specimen (when other services rendered) 76092 Screening Mammogram (6)	• 81025 Urine pregnancy test • 85013, 85014 Hematocrit • 85018 Hemoglobin	58300ZM Insertion supplies 58301ZM Removal supplies	X1522 ParaGard X1532 Mirena IUS Z7610 Estradiol X7722 Levonorgestrel X1500 Spermicide, lubricant, M/F condom	S403 S4031 S4032 S4033	Vaso-vagal episode Allergic reaction to treatment for a secondary diagnosis Pelvic infection (secondary to IUD) "Missing" IUD Perforated or translocated IUD

The following laboratory tests are for symptomatic or asymptomatic clients as clinically indicated based on individual client assessment. These tests are included under the primary diagnosis and do not require a secondary diagnosis code for reimbursement:

Core Screening Tests

86592 VDRL, RPR

86701 HIV-I

86702 HIV-II

86703 HIV-I and HIV-II single assay

87081 GC culture

87491 Chlamydia NAAT

87591 GC NAAT

87800 Chlamydia +GC, direct probe

Reflex Testing Based on a Positive Screening Test Result

86781 TP confirmatory test; if positive, 86593 is required

86593 Syphilis test, quantitative

86689 HIV confirmation

86689 HIV confirmation

86689 HIV confirmation

----- None

----- None

----- None

87490 Chlamydia direct probe

87590 GC direct probe

Pap Smear Codes

88141 Physician Interpretation of Pap

88142 LBC, manual screen

88143 LBC, manual screen and re-screen

88147 Smear, automated screen

88148 Smear, automated screen, manual re-screen

88164 Smear, Bethesda, manual screen

88165 Smear, Bethesda, Manual screen, re-screen

88167 Smear, Bethesda, manual screen, computer re-screen

88174 LBC, automated screen

88175 LBC, automated screen, manual re-screen

For HPV tests, see Cervical Abnormalities

(2) Limited to one every six months per client.

(5) Complications services (any Sxx.3 diagnosis code) require a TAR – see *Family PACT: Treatment Authorization Request (TAR)* section.

(6) Screening mammography, females 40-55 years of age, one per year per client.

(Continued on next page)

Core Services						Complications Services (5)	
Diagnosis Codes	Description	Procedures	Laboratory	Supplies	Medications	Diag. Code	Description
S501	Barriers and spermicide – Evaluation <u>prior</u> to method with or without initiation of method Note: Includes fertility awareness methods and lactation amenorrhea method	57170 Diaphragm/cervical cap fitting Z5218 Collection and handling of blood specimen (when only service rendered) Z5220 Collection and handling of blood specimen (when other services rendered)	• 81025 Urine pregnancy test	FAM supplies	X7722 Levonorgestrel X1500 Diaphragm, cervical cap, spermicide, lubricant, M/F condom, BBT	S503	Vaso-vagal episode Allergic reaction to treatment for a secondary diagnosis
S502	Barriers and spermicide – Maintain adherence and surveillance	76092 Screening Mammogram (6)				S5031	Severe skin/tissue reaction
S601	Pregnancy testing Note: Should be used only when the client is not seeking a contraceptive method		• 81025 Urine pregnancy test Note: No additional laboratory tests are available with this core code				
S602	Confirmation of pregnancy test result	Note: If result is negative and client chooses family planning method, use a method-specific primary diagnosis code.					

The following laboratory tests are for symptomatic or asymptomatic clients as clinically indicated based on individual client assessment. These tests are included under the primary diagnosis and do not require a secondary diagnosis code for reimbursement:

Core Screening Tests		Reflex Testing Based on a Positive Screening Test Result		Pap Smear Codes	
86592	VDRL, RPR	86781	TP confirmatory test; if positive, 86593 is required	88141	Physician Interpretation of Pap
		86593	Syphilis test, quantitative	88142	LBC, manual screen
86701	HIV-I	86689	HIV confirmation	88143	LBC, manual screen and re-screen
86702	HIV-II	86689	HIV confirmation	88147	Smear, automated screen
				88148	Smear, automated screen, manual re-screen
86703	HIV-I and HIV-II single assay	86689	HIV confirmation	88164	Smear, Bethesda, manual screen
				88165	Smear, Bethesda, Manual screen, re-screen
87081	GC culture	-----	None	88167	Smear, Bethesda, manual screen, computer re-screen
87491	Chlamydia NAAT	-----	None	88174	LBC, automated screen
87591	GC NAAT	-----	None	88175	LBC, automated screen, manual re-screen
87800	Chlamydia +GC, direct probe	87490	Chlamydia direct probe	<u>For HPV tests, see Cervical Abnormalities</u>	
		87590	GC direct probe		

(5) Complications services (any Sxx.3 diagnosis code) require a TAR – see *Family PACT: Treatment Authorization Request (TAR)* section.

(6) Screening mammography, females 40-55 years of age, one per year per client.

(Continued on next page)

Core Services						Complications Services (5)	
Diagnosis Codes	Description	Procedures	Laboratory	Supplies	Medications	Diag. Code	Description
S701	Bilateral tubal ligation – Screening and Evaluation	Z5218 Collection and handling of blood specimen (when only service rendered)	<ul style="list-style-type: none"> • 80076 LFTs (2) • 81025 Urine pregnancy test • 88302 Surgical path., (two specimens) 	58600 ZM/ZN Mini-Lap TL	X7722 Levonorgestrel	S703	Vaso-vagal episode
S702	Surgical procedure	Z5220 Collection and handling of blood specimen (when other services rendered)	<ul style="list-style-type: none"> • 81000 UA dipstick w/microscopy • 81001 UA automated w/micro • 81002 UA dipstick w/out microscopy • 81003 UA automated w/out micro • 85013 spun Hct • 85014 Hct • 85018 Hemoglobin • 85025 Auto CBC w/auto diff. WBC • 85027 Auto CBC w/out differential • 93000 Electrocardiogram (A) 	58615 ZM/ZN Mini-Lap with clip	X1500 Spermicide, lubricant, M/F condom	S7031	Anesthesia complication: hospitalization
		58600 Mini lap TL		58670 ZM/ZN Lapscope fulguration		S7032	Abdominal injury; L/S or lap (within 30 days post op)
		58615 Mini lap TL with clip		58671 ZM/ZN Lapscope ring or clip		S7033	Operative site or pelvic infection (within 30 days post op)
		58670 Lapscope fulguration				S7034	Preop evaluation (TAR prospective)
		58671 Lapscope with ring or clip					
		76092 Screening Mammogram (6)					

The following laboratory tests are for symptomatic or asymptomatic clients as clinically indicated based on individual client assessment. These tests are included under the primary diagnosis for sterilizations and do not require a secondary diagnosis code for reimbursement:

Core Screening Tests

86592 VDRL, RPR

86701 HIV-I

86702 HIV-II

86703 HIV-I and HIV-II single assay

87081 GC culture

87491 Chlamydia NAAT

87591 GC NAAT

87800 Chlamydia +GC direct probe

Reflex Testing Based on a Positive Screening Test Result

86781 TP confirmatory test; if positive, 86593 is required

86593 Syphilis test, Quantitative

86689 HIV confirmation

86689 HIV confirmation

86689 HIV confirmation

----- None

----- None

----- None

87490 Chlamydia direct probe

87590 GC direct probe

Pap Smear Codes

88141 Physician Interpretation of Pap

88142 LBC, manual screen

88143 LBC, manual screen and re-screen

88147 Smear, automated screen

88148 Smear, automated screen, manual re-screen

88164 Smear, Bethesda, manual screen

88165 Smear, Bethesda, Manual screen, re-screen

88167 Smear, Bethesda, manual screen, computer re-screen

88174 LBC, automated screen

88175 LBC, automated screen, manual re-screen

For HPV tests, see Cervical Abnormalities

(2) Limited to one every six months per client.

(5) Complications services (any Sxx.3 diagnosis code) require a TAR – see *Family PACT: Treatment Authorization Request (TAR)* section.

(6) Screening mammography, females 40-55 years of age, one per year per client.

(A) As medically indicated for preoperative evaluation of a woman with a pre-existing cardiovascular condition.

(Continued on next page)

Core Services						Complications Services (5)	
Diagnosis Codes	Description	Procedures	Laboratory	Supplies	Medications	Diag. Code	Description
S801	Vasectomy – Screening and evaluation	Z5218 Collection and handling of blood specimen (when only service rendered)	<ul style="list-style-type: none"> • 88302 Surgical path (two specimens) 	55250 ZM Supplies	X1500 Spermicide, lubricant, M/F condom	S803	Vaso-vagal episode
S802	Surgical procedure	Z5220 Collection and handling of blood specimen (when other services rendered)	<u>Pre-operative tests</u> <ul style="list-style-type: none"> • 81000 UA dipstick w/microscopy • 81001 UA automated w/micro • 81002 UA dipstick w/out microscopy • 81003 UA automated w/out micro • 85013 spun Hct • 85014 Hct • 85018 Hemoglobin • 85025 Auto CBC w/auto diff. WBC • 85027 Auto CBC w/out differential 			S8031	Allergic reaction to treatment for a secondary diagnosis
		55250 Vasectomy				S8032	Testicular, spermatic cord hematoma, or hemorrhage (within 30 days post op)
						S8033	Operative site acute infection (within 30 days post-op)
							Post-op testicular pain (within 30 days post-op)

Post vasectomy semen analysis is included in the global fee for vasectomy.

The following laboratory tests are for symptomatic or asymptomatic clients as clinically indicated based on individual client assessment. These tests are included under the primary diagnosis for sterilizations and do not require a secondary diagnosis code for reimbursement:

Core Screening Tests

86592	VDRL, RPR
86701	HIV-I
86702	HIV-II
86703	HIV-I and HIV-II single assay
87081	GC culture
87491	Chlamydia NAAT
87591	GC NAAT
87800	Chlamydia +GC direct probe

Reflex testing Based on a Positive Screening Test Result

86781	TP confirmatory test; if positive, 86593 is required
86593	Syphilis test, quantitative
86689	HIV confirmation
86689	HIV confirmation
86689	HIV confirmation
-----	None
-----	None
-----	None
87490	Chlamydia direct probe
87590	GC direct probe

(5) Complications services (any Sxx.3 diagnosis code) require a TAR – see *Family PACT: Treatment Authorization Request (TAR)* section.

(Continued on next page)

Secondary Diagnosis: Sexually Transmitted Infection (STI)

A secondary diagnosis for STIs is required for treatment or diagnostic testing other than the previously listed core screening tests. HIV testing is a core screening service, but treatment is not a covered benefit of the program.

Core Secondary Services (8)						Complications Services (10)
Diagnosis Codes	Description	Procedures	Laboratory	Supplies	Medications (7)	Description
V01.6	Use V01.6 for diagnosis and treatment of an asymptomatic partner exposed to active case of Chlamydia, Gonorrhea, Syphilis, or Trichomoniasis.		Core screening tests, wet mounts, and pH testing only	Treatment is based on the CDC STD treatment guidelines for the STI identified in the index case.		
099.41 099.52 099.53 099.40 604.90 616.0 V01.6	Chlamydia Urethritis Anus/rectum Cervicitis <u>Presumptive Dx</u> Male - NGU/NSU Acute epididymitis/ orchitis Female – cervicitis Ct-exposed partner	None	<ul style="list-style-type: none"> 87205 Gram stain-symptomatic males only Chlamydia screening tests included in primary diagnosis	None	Azithromycin Doxycycline Ofloxacin	Allergic reaction to antibiotics used to treat STI Vaso-vagal episode
098.0 098.12 098.15 098.6 098.7 099.40 616.0 V01.6	Gonorrhea Urethritis Prostatitis Cervicitis Pharynx Anus/rectum <u>Presumptive Dx</u> Male - NGU/NSU Female - cervicitis GC-exposed partner	None	<ul style="list-style-type: none"> 87205 Gram stain-symptomatic males only GC screening tests included in primary diagnosis	None	Azithromycin (9) Cefpodoxime Ceftriaxone Ciprofloxacin Ofloxacin	Allergic reaction to antibiotics used to treat STI Vaso-vagal episode
054.11 054.12 054.13 608.89 616.50	Herpes (genital only) HSV vulvovaginitis Herpes vulva Herpes penis <u>Presumptive Dx</u> Male – penile ulcer Female – vulvar ulcer	None	Additional Restrictions Apply (11) <ul style="list-style-type: none"> 87252 HSV culture 87255 HSV culture 87273 HSV DFA Type II 	None	Acyclovir	Allergic reaction to antibiotics used to treat STI Vaso-vagal episode
614.0 614.2 615.0	PID (uncomplicated outpatient only) Acute PID PID, NOS Acute myometritis	Z5218 Collection and handling of blood specimen (when only service rendered) Z5220 Collection and handling of blood specimen (when other services rendered)	<ul style="list-style-type: none"> 85025 CBC/diff 85651 ESR 85652 ESR Chlamydia and GC screening tests are included in primary diagnosis	None	Ceftriaxone injection Cefoxitin injection Doxycycline Metronidazole Ofloxacin Probenecid	Allergic reaction to antibiotics used to treat STI Vaso-vagal episode

(7) Only dosage regimens included in current CDC STD Treatment Guidelines or California STD Treatment Guidelines may be used. See www.dhs.ca.gov/ps/dcdc/STD/stdindex.htm. See the Family PACT Pharmacy Formulary for additional information on regimen, formulation and coverage limits.

(8) Secondary diagnosis required for any treatment or diagnostic testing beyond core screening tests.

(9) For patients with significant anaphylaxis-type allergies to penicillin or allergies to cephalosporins.

(10) Complications services for a secondary diagnosis require a primary diagnosis code (Sxx.3) and a TAR. See *Family PACT: Treatment Authorization Request (TAR)* section.

(11) Only as necessary to evaluate genital ulcers of unconfirmed etiology; payable for 616.50 (F) or 608.89 (M) only. Reflex typing is not covered.

(Continued on next page)

Core Secondary Services (8)						Complications Services (10)
Diagnosis Codes	Description	Procedures	Laboratory	Supplies	Medications (7)	Description
091.0 091.3 092.9 096 097.1 616.50 608.89 V01.6	Syphilis Primary Secondary Early latent Late latent Latent, unspecified <u>Presumptive Dx</u> Female –vulvar ulcer Male – penile ulcer Syphilis-exposed partner	Z5218 Collection and handling of blood specimen (when only service rendered) Z5220 Collection and handling of blood specimen (when other services rendered)	• 86593 Syphilis test quantitative (12) Syphilis screening tests included in Primary Diagnosis	None	Benzathine penicillin long acting - injection Azithromycin Doxycycline	Allergic reaction to antibiotics used to treat STI Vaso-vagal episode
131.01 131.02 V01.6	Trichomoniasis Trichomonal vulvo-vaginitis Trich. Urethritis Trichomoniasis-exposed partner	None	• 83986 pH – females only • 87210 Wet mount	None	Metronidazole Tinidazole (15)	
112.1 616.10	Vulvovaginitis Candidal Vulvo-vaginitis Vaginitis/Vulvitis/ BV	None	• 83986 pH – females only • 87210 Wet mount	None	Butoconazole Clotrimazole Fluconazole Miconazole Terconazole Clindamycin Metronidazole	Allergic reaction to antibiotics used to treat STI Vaso-vagal episode
078.0 078.10 078.11	Warts (genital only) Molluscum Viral warts Condylomata	54050 Destruction of penile lesion (13) 54056 Destruction of penile lesion (13) 54100 Biopsy of penis (14) 56501 Destruction vulvar lesion (13) 57061 Destruction vaginal lesion (13) 56605 Biopsy, vulva (14)	• 88304 Surgical path for males (14) • 88304 Surgical path for females(14)	• 54050ZM Penile supplies • 54056ZM Penile supplies • 54100ZM Biopsy supplies • 56501ZM Vulvar supplies • 57061ZM Vaginal supplies • 56605ZM Biopsy supplies	Imiquimod Podofilox	Allergic reaction to antibiotics used to treat STI Severe genital skin ulcerations or infections Vaso-vagal episode

- (7) Only dosage regimens included in current CDC STD Treatment Guidelines or California STD Treatment Guidelines may be used. See www.dhs.ca.gov/ps/dcdc/STD/stdindex.htm. See the Family PACT Pharmacy Formulary for additional information on regimen, formulation and coverage limits.
- (8) Secondary diagnosis required for any treatment and/or diagnostic testing beyond screening.
- (10) Complications services for a secondary diagnosis require a primary diagnosis code (Sxx.3) and a TAR – see *Family PACT: Treatment Authorization Request (TAR)* section.
- (12) Only as necessary to confirm response to syphilis treatment; should not be ordered with presumptive diagnosis codes.
- (13) Supply charges for these procedures include the TCA/BCA, liquid nitrogen, or Podophyllin used.
- (14) Only as necessary to confirm vulvar, vaginal or genital warts in a wart treatment candidate.
- (15) Only as a treatment for vaginal trichomoniasis if treatment failure or adverse effects (but not allergy) with prior use of Metronidazole.

(Continued on next page)

Secondary Diagnosis: Urinary Tract Infection (UTI)

A secondary diagnosis is required for UTI laboratory tests for female recipients only.

Other Secondary Services						Complications Services (10)
Diagnosis Codes	Description	Procedures	Laboratory	Supplies	Medications	Description
595.0 599.7 788.1 788.41 789.09	UTI Acute cystitis Hematuria Dysuria Urinary frequency Abdominal pain, bilateral	None	<ul style="list-style-type: none"> • 81000 UA dipstick w/microscopy • 81001 UA automated w/microscopy • 81002 UA dipstick w/out microscopy • 81003 UA automated w/out microscopy • 81005 UA (qualitative) • 81015 Urine microscopy • 87086 Urine culture • 87181, 87184, 87186 sensitivity 	None	Cephalexin Ciprofloxacin Nitrofurantoin TMP/SMX	Allergic reaction to antibiotics used to treat UTI Vaso-vagal episode

(10) Complications services for a secondary diagnosis require a primary diagnosis (Sxx.3) and a TAR – see *Family PACT: Treatment Authorization Request (TAR)* section.

(Continued on next page)

Secondary Diagnosis: Cervical Abnormalities

A secondary diagnosis code is required for cervical abnormality diagnostic and treatment services. These services are restricted to female clients aged 15 to 55 years.

Other Secondary Services						Complications Services (10)
Diagnosis Codes	Description	Procedures	Laboratory	Supplies	Medications	Description
795.01 795.02 795.03 795.04 795.05 622.2	ASC-US Pap ASC-H Pap LGSIL Pap HGSIL Pap Abn Pap with HPV high risk pos. <u>Presumptive Dx.</u> Leukoplakia, cervix	57452 Colposcopy 57454 Colpo with biopsy & ECC 57455 Colpo with biopsy 57456 Colpo with ECC	• 87621 DNA Amplified Probe HPV High Risk Only (18) • 88305 Surgical pathology	57452ZM Supplies 57454ZM Supplies 57455ZM Supplies 57456ZM Supplies	None	Pelvic infection resulting from cervical treatment Hemorrhage from cervical biopsy or treatment site requiring surgical repair Vaso-vagal episode
795.00	AGC Pap	57452 Colposcopy 57454 Colpo with biopsy & ECC 57455 Colpo with biopsy 57456 Colpo with ECC 58100 Endometrial biopsy (19)	• 88305 Surgical pathology	57452ZM Supplies 57454ZM Supplies 57455ZM Supplies 57456ZM Supplies 58100ZM Supplies	None	
622.11 622.12 233.1	CIN I (biopsy) CIN II (biopsy) CIN III (biopsy)	57452 Colposcopy 57454 Colpo with biopsy & ECC 57455 Colpo with biopsy 57456 Colpo with ECC 57511 Cryocautery of cervix (16) 57460 LEEP (16)	• 87621 DNA Amplified Probe HPV High Risk Only (18) • 88305 Surgical pathology • 88307 Surgical pathology (17)	57452ZM Supplies 57454ZM Supplies 57455ZM Supplies 57456ZM Supplies 57511ZM Supplies 57460ZM Supplies	None	
795.09	Other abnormal Pap	58100 Endometrial biopsy (20)	• 88305 Surgical pathology			

(10) Complications services for a secondary diagnosis require a primary diagnosis (Sxx.3) and a TAR – see *Family PACT: Treatment Authorization Request (TAR)* section.

(16) Restricted to biopsy proven CIN II or CIN III or persistent CIN I lesions of greater than 12 months.

(17) Restricted to biopsy specimens collected by LEEP procedure.

(18) DNA Amplified Probe HPV (High Risk Only) is covered in the following circumstances (see ASCCP, Guidelines 2002) and limited to one per year per client:

- Reflex HPV DNA testing after an ASC-US cytology result.
- Follow-up of LSIL cytology result in women less than 21 years of age. HPV DNA testing at 12 months in lieu of cytology at 6 and 12 months.
- Follow-up post-colposcopy; Women with Paps read as ASC-H, LSIL, or HPV DNA positive ASC-US in whom CIN is not identified at colposcopy can be followed up at 12 months with HPV DNA testing in lieu of cytology at 6 and 12 months.
- Follow-up of women with biopsy proven untreated CIN I; HPV DNA testing at 12 months in lieu of cytology at 6 and 12 months.
- Follow-up post treatment of CIN II, III: HPV DNA test at least six months after treatment in lieu of follow-up cytology.

DNA Amplified Probe HPV testing is not covered for a diagnosis of HGSIL Pap, ICD-9 795.04 or Leukoplakia cervix, ICD-9 622.2.

(19) Endometrial biopsy is covered only if AGC (atypical glandular cells) cytology result and any of:

- "Atypical endometrial cells" on AGC cytology result.
- Woman is having abnormal vaginal bleeding pattern suspicious for endometrial hyperplasia or cancer.
- Woman is 36 through 55 years of age.

(20) Endometrial biopsy restricted to women aged 40 years or older with a finding of endometrial cells on Pap and a recent history of menstrual irregularity.

(Continued on next page)

Core Secondary Service: Immunization

A primary diagnosis is required for administration of Hepatitis B vaccine to non-immunized clients.

Other Secondary Services						Complications Services (10)
Vaccine	Description	Procedures	Laboratory	Supplies	Medications	Description
Hepatitis B Use appropriate primary diagnosis code	Hepatitis B immunization		None	None	Hepatitis B vaccine 90743 90744 90746 Modifiers required	Allergic reaction to Hepatitis B vaccine Vaso-vagal episode

(10) Complications services for a secondary diagnosis require a primary diagnosis (Sxx.3) and a TAR – see *Family PACT: Treatment Authorization Request (TAR)* section.

Family PACT Provisional Secondary Core Services Drugs and Supplies

The following table lists all Family PACT secondary core service drugs and supplies.

Medication	Dosage Size	Regimens	Clinic Code	Notes
Bacterial vaginosis				
Metronidazole	250mg/500mg tabs	500mg PO BID X 7 days	Z7610	recommended regimen
Metronidazole	0.75% vaginal gel	5g PV qhs X 5 days	Z7610	recommended regimen
Clindamycin	2% cream	5g PV X 7 days	Z7610	recommended regimen
Clindamycin	150mg capsules	300mg PO BID X 7 days	Z7610	alternative regimen
Clindamycin	2% SR cream	1 applicator PV X 1	Z7610	alternative regimen
Chlamydia				
Azithromycin	500mg tabs/1gm packet	1gm PO X 1	Z7610	recommended regimen
Azithromycin	250mg tabs	1gm PO X 1	X7716	recommended regimen
Doxycycline	100mg tabs	100mg PO BID X 7days	Z7610	recommended regimen
Ofloxacin	300mg tabs	300mg PO BID X 7 days	Z7610	alternative regimen
External Genital Warts				
Imiquimod	5% cream	3 days/wk X up to 16 weeks	Z7610	
Podofilox	0.5% solution/gel	3days/wk X up to 4 weeks	Z7610	
Genital Herpes				
Acyclovir	200mg tabs	200mg PO 5/day X 5 or 10 days	Z7610	primary or recurrent herpes
Acyclovir	400mg tabs	400mg PO TID X 5 or 10 days	Z7610	primary or recurrent herpes
Acyclovir	800mg tabs	800mg PO BID X 5 days	Z7610	recurrent herpes
Acyclovir	400mg tabs	400mg PO BID	Z7610	chronic suppression
Gonorrhea				
Ceftriaxone	250mg injection	125mg IM X 1	X5864	recommended regimen
Azithromycin	500mg tabs/1gm packet	2gm PO X 1	Z7610	alternative regimen
Azithromycin	250mg tabs	2gm PO X1	X7716	alternative regimen
Cefpodoxime	200mg tabs	400mg PO X1	Z7610	alternative regimen
Ciprofloxacin	250/500mg tabs	500mg PO X 1	Z7610	alternative regimen
Ofloxacin	400mg tabs	400mg PO X 1	Z7610	alternative regimen

(Continued on next page)

Medication	Dosage Size	Regimens	Clinic Code	Notes
PID/Myometritis				
Cefoxitin	1gm/2gm injection	2gm IM x1	X5854	recommended regimen
Ceftriaxone	250mg injection	250mg IM X 1	X5864	recommended regimen
Doxycycline	100mg tabs	100mg PO BID X 14 days	Z7610	recommended regimen
Metronidazole	250/500mg tabs	500mg PO BID X 14 days	Z7610	alternative regimen
Ofloxacin	400mg tabs	400mg PO BID X 14 days	Z7610	alternative regimen
Probenecid	500mg tabs	1gm PO X 1	Z7610	for use with Cefoxitin
Syphilis				
Benzathine penicillin	1.2mill units/ cc	2.4 mil. Units IM X 1	X7460	recommended regimen
Benzathine penicillin	2.4 mill units/ cc	2.4 mil. Units IM q wk X 1-3 doses	X7462	recommended regimen
Doxycycline	100mg tabs	100mg PO BID X 4 weeks	Z7610	alternative regimen
Azithromycin	500mg tabs/1g packet	2g PO X 1	Z7610	alternative regimen
Azithromycin	250mg tabs	2g PO X 1	X7716	alternative regimen
Trichomoniasis				
Metronidazole	500mg tabs	2g PO x 1	Z7610	recommended regimen
Metronidazole	500mg tabs	500mg PO BID X 7 days	Z7610	alternative regimen
Tinidazole	250mg/500mg tabs	2g PO X 1	Z7610	alternative regimen
Urinary Tract Infection - Guidelines based on American Academy of Family Physicians Vol. 72/No. 3 (August 1, 2005)				
Cephalexin	250mg tabs	250mg PO QID X 7 -10 days	Z7610	
Cephalexin	500mg tabs	500mg PO BID X 7 -10 days	Z7610	
Ciprofloxacin	250mg tabs	250mg PO BID X 3 days	Z7610	
Ciprofloxacin	500mg tabs	500mg PO BID X 3 days	Z7610	
Nitrofurantoin	50mg/100mg tabs	100mg PO BID X 7 - 10 days	Z7610	
TMP/SMX	80/400mg tabs	80/400mg 2 PO BID X 3 days	Z7610	
TMP/SMX DS	160/800mg tabs	160/800 PO BID X 3 days	Z7610	
Vaginal candidiasis - see CDC, Sexually Transmitted Diseases Treatment Guidelines 2002, MMWR 2002:51 for treatment regimens				
Butoconazole	2% cream/ 2% SR cream	Z7610		
Clotrimazole	1% cream/ 100mg/ 200mg/ 500mg vaginal tablets	Z7610		
Fluconazole	150mg tablet	Z7610		
Miconazole	2% cream/ 100mg/ 200mg vaginal suppository	Z7610		
Terconazole	0.4%/ 0.8% cream/ 80mg suppository	Z7610		

Revised *Family PACT Policies, Procedures and Billing Instructions* (PPBI) manual pages will be issued in a future mailing to Family PACT providers. For more information about Family PACT, call the Telephone Service Center (TSC) at 1-800-541-5555 from 8 a.m. to 5 p.m. Monday through Friday, except holidays, or visit the Family PACT Web site at www.familypact.org.